

**New Jersey Department of Human Services  
Division of Aging Services**

**INSTRUCTIONS FOR COMPLETING THE  
ENHANCED AT RISK CRITERIA SCREENING TOOL**

**General**

The EARC PAS will be a 90 day authorization. This assessment form is to be used **only** for those acute care hospital patients being discharged to a Medicaid certified nursing facility. Only discharge planners who have been trained by the Department of Human Services, and received certification, or their designated Master Trainers can complete this tool.

This form and all PASRR documents must accompany the patient to the nursing facility to be permanently filed in their active nursing facility chart. The nursing facility will not be eligible for Medicaid reimbursement unless this form and the Level I PASRR tool have been completed and Medicaid financial eligibility has been approved.

**Type of Request**

Place a check beside the Type of Request being made, either NF or Vent SCNF.

**Section 1 – Identifying Information**

Complete the patient's name, date of birth, address, county of residence, Social Security and Medicare number, living arrangements prior to hospitalization and all known diagnosis(es).

**Section 2 – Mental Illness, Intellectual Disability and/or Developmental Disability**

All questions in this section must be completed.

**Section 3 – Insurance Information**

Complete patient's Medicaid status. Indicate whether patient has applied for Medicaid. **Indicate whether Medicaid is the expected payor for nursing facility services and if patient is within 6 months of spend down.**

**Section 4 – Cognitive Status and ADL Self Performance**

Assess patient's cognitive status based on the following criteria:

1. How well does patient make decisions about organizing the day (e.g., when to get up or have meals, which clothes to wear or activities to do)?
  - INDEPENDENT - Decisions consistently reasonable
  - MODIFIED INDEPENDENCE - Some difficulty in new situations only
  - MINIMALLY IMPAIRED - In specific situations, decisions become poor or unsafe and cues/supervision necessary at those times
  - MODERATELY IMPAIRED - Decisions consistently poor or unsafe, cues/supervision required at all times
  - SEVERELY IMPAIRED - Never/rarely makes decisions
2. Test short-term memory, evaluated by the ability of the client to recall three unrelated items after 5 minutes.
3. How well does patient express or make self understood (expressing information content - however able).
  - UNDERSTOOD - Expresses ideas without difficulty
  - USUALLY UNDERSTOOD - Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required
  - OFTEN UNDERSTOOD - Difficulty finding words or finishing thoughts prompting usually required

- 3 SOMETIMES UNDERSTOOD - Ability limited to making concrete requests
- 4 RARELY / NEVER UNDERSTOOD

4. Assess patient's ADL Self Performance during the LAST 3 DAYS considering all episodes of these activities – with the exception of bathing, which is assessed for the last 7 days. Determine the 3 most dependent (highest) episodes of assistance and then code using least dependent of these 3 episodes. Exception: Bathing is coded for single most dependent episode over the past 7 days. The following ADLs address the client's physical functioning in the routine personal activities of daily life.

- INDEPENDENT - No help, setup, or oversight.
- SETUP HELP ONLY - Article or device provided within reach of client.
- SUPERVISION - Oversight, encouragement or cueing.
- LIMITED ASSISTANCE - Consumer highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance.
- EXTENSIVE ASSISTANCE - Consumer performed part of activity completing greater than 50% of task on own. Weight-bearing assistance if applicable to task.
- MAXIMAL ASSISTANCE - Consumer involved and completed less than 50% of task on own. Weight-bearing assistance if applicable to task.
- TOTAL DEPENDENCE - Full performance of the activity by another.
- ACTIVITY DID NOT OCCUR – The ADL was not performed by consumer or others (regardless of ability).

**Section 5 - Medical**

Complete all requested medical information.

**Section 6 – Financial Information**

Complete financial information. Question 1 pertains to patients who are currently or potentially community Medicaid eligible. Question 2 pertains to those patients who are currently or potentially institutionally eligible for Medicaid. Assets- check one box.

**Section 7 – Initial Plan of Care**

D/C planner is to counsel patient/family on options and indicate their choices. D/C planner to obtain patient or family signature, or document verbal consent to plan.

**Section 8 - Attestation**

The hospital discharge planner shall attest to the patient information that appears on the completed Hospital Pre Admission Assessment Tool with his or her signature. Only a certified EARC-PAS assessor may conduct EARC-PAS; the certified EARC-PAS assessor must provide his/her EARC-PAS Certification Number along with remaining attestation information requested on the form.